

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. David Kessler**

Mailing Address 183 North Sixth St

City

Brooklyn

State

NY

Zip Code

11211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : SA11AI.27282

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael Kleiman**

Mailing Address 1857 Oak Tree Rd.

City

Edison

State

NJ

Zip Code

08820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Edison Clark Oral Surgery Asso

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.27283

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. James Krochmal**

Mailing Address 400 W Brambleton Ave  
Ste 310

City

Norfolk

State

VA

Zip Code

23510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James E Krochmal DDS PC

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2015

Transaction ID : SA11AI.27284

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00